

**State of Hawai'i
Department of Health
Alcohol and Drug Abuse Division**

Request for Proposals

RFP Number: HTH 440-10-01

RFP Title:
Substance Abuse Prevention Services
(Act 40)

Contract Period: SFY 2004-2005
(State's Notice to Proceed through March 31, 2006)

Issued October 29, 2004

Submittal Deadline November 29, 2004

<u>Sub-Category</u>	<u>Service Description</u>
440-10-01	Substance Abuse Prevention Services for Youth

NOTE: If this RFP was downloaded from the State Procurement Office RFP Website, each APPLICANT must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an RFP Interest form may be downloaded to your computer, completed, and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

Virginia Jackson
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii, 96707

STATE PROCUREMENT OFFICE (SPO)

Health and Human Service Website Reference

(Documents and Information about Planning, Procurement, and Contracting
For Health and Human Services, Pursuant to Chapter 103F, HRS)

<http://www.state.hi.us/icsd/dags/spo.html>

Click on *Health and Human Services*

This is a listing of SPO's documents and other information provided at this website.

Contact

Should you have any questions, please contact:

Mara Smith at 808.587.4704 or mara_smith@exec.state.hi.us

Application of Chapter 103F, HRS, Purchases of Health and Human Services

Chapter 103F applies to all contracts made by State Agencies to provide health and human services to Hawaii Residents.

Definition of Health and Human Services

Services to communities, families, or individuals which are intended to maintain or improve health or social well-being through methods including, but not limited to:

- a) Assessment, treatment, diagnosis, prevention, and education services provided directly to a targeted clientele; or
- b) Insurance coverage for assessment, treatment, diagnosis, prevention, and education services to be provided to a targeted clientele.

Purpose

- To improve the State's process of disbursing funds for health and human services by providing a single public procurement policy. These improvements have resulted in a standardized procurement process for both the State and private providers to use.
- To optimize information-sharing, planning and service delivery efforts. Limited resources can be used more efficiently and cost effectively, thereby allowing more time and attention on planning and delivery of services.

SPO mailing address:
State Procurement Office
1151 Punchbowl St., #230A
Honolulu, HI 96813
Fax: 808.587.4703

DEPARTMENT OF HEALTH, ALCOHOL AND DRUG ABUSE DIVISION
PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

IMPORTANT INFORMATION

**ONE ORIGINAL AND THREE COPIES OF THE PROPOSAL
ARE REQUIRED.**

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES
POSTAL SERVICE (USPS) BEFORE 12:00 MIDNIGHT, (HST)
NOVEMBER 29, 2004.**

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE KAPOLEI
SITE UNTIL 4:00 PM, (HST) NOVEMBER 29, 2004.**

All Mail-ins and Hand Deliveries

Department of Health
Alcohol and Drug Abuse Division
Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

RFP COORDINATOR

Naomi Yamamoto, Secretary
Alcohol and Drug Abuse Division
Program Development Services Office
Phone: (808) 692-7517

REGARDING ADDENDA: Any addenda to the RFP will be emailed and/or faxed to the APPLICANT'S designated contact person. The APPLICANT identifies the contact person at the time the RFP packet is picked up or mailed from the ADAD office. If the RFP is downloaded from the State Procurement Office (SPO) website, each APPLICANT must notify ADAD of their interest to respond to this RFP by notifying the RFP Coordinator, Naomi Yamamoto, at (808) 692-7517 and providing their contact information. The RFP Interest Form on the SPO website may be used for this purpose.

BE ADVISED: All mail-ins postmarked by USPS after 12:00 midnight, (HST) November 29, 2004 will not be accepted for review and will be returned.

Hand deliveries will not be accepted after 4:00 p.m., (HST) November 29, 2004.

Deliveries by private mail services such as FedEx shall be considered hand deliveries and will not be accepted if received after 4:00 p.m., (HST) November 29, 2004.

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SECTION 1:

ADMINISTRATIVE OVERVIEW

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes, Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, POS Proposal Application--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Alcohol and Drug Abuse Division

Department of Health, State of Hawaii
Kakuhihewa Building,
601 Kamokila Blvd., Room 360
Kapolei, Hawaii 96707
Phone: (808) 692-7517 Fax: (808) 692-7521

IV. Procurement Timetable

Activity	Scheduled Date
Public notice announcing RFP	October 29, 2004
Distribution of RFP	Oct. 29 – Nov. 23, 2005
RFP orientation session	Nov. 8, 2004
Closing date for submission of written questions for written responses	November 10, 2004
State purchasing agency's response to applicants' written questions	November 17, 2004
Discussions with applicant prior to proposal submittal deadline (optional)	November 22, 2004
Proposal submittal deadline	November 29, 2004
Register of Proposals	November 29, 2004
Proposal evaluation period	December, 2004
Final revised proposals (as needed)	January 4, 2005
Provider selection and award	January 7, 2005
Notice of Statement of Findings and Decisions to applicants	Mid January 2005
Protest and Request for Reconsideration (as needed)	January 14, 2005
Contract development	January – February 2005
Contract mailed to provider for signature	February 15, 2005
Contract executed	On or about March 1, 2005
Contract start date	March 1, 2005 or upon Notice to Proceed

V. Orientation

An orientation for applicants in reference to the request for proposals will be held on November 8, 2004 from 9:00 A.M. to 12:00 Noon, at Kakuhihewa Building, 601 Kamokila Boulevard, Rooms 111A/B, Kapolei, Hawaii. Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the orientation at the state purchasing agency's discretion. Verbal answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any orientation questions should be submitted in writing following the close of the orientation, but no later than 4:00 PM, H.S.T., on November 10, 2004 in order to generate a written state purchasing agency response.

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. The deadline for submission of written questions is 12:00 midnight H.S.T., on November 10, 2004. All written questions will receive a written response from the state purchasing agency. State purchasing agency responses to applicants' written questions will be sent by November 17, 2004.

VII. Submission of Proposals

Proposals must contain all components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency. Proposals must contain the following components:

- (1) ***POS Proposal Application (Form SPO-H-200A), including Title Page (Form SPO-H-200) and Table of Contents*** - Applicant shall submit comprehensive narratives that address all of the issues contained in the POS Proposal Application, including a cost proposal/budget. (Refer to Section 3 of this RFP.)
- (2) ***Competitive POS Application Check List*** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; and the order in which all components should be assembled and submitted to the state purchasing agency.
- (3) ***Registration Form (SPO-H-100A)*** – If applicant is not pre-registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their pre-registration status, they may check the State Procurement Office website at:
<http://www.state.hi.us/icsd/dags/spo.html> (Click on “Health and Human Services.” Then, click on “The Registered List of Providers for Use with the Competitive Method of Procurement”) or call the State Procurement Office at 587-4706.
- (4) ***Certifications*** - Federal and/or State certifications, as applicable.
- (5) ***Program Specific Requirements*** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the POS Proposal Application, as applicable.

Multiple or alternate proposals shall **not** be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are **not** accepted and an applicant submits alternate proposals but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

One (1) original and three (3) copies of the proposal are required. Proposals must be postmarked or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected.

VIII. Discussions with Applicants Prior to, or After Proposal Submittal Deadline

Discussions may be conducted with applicants who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted

without discussions, in accordance with the administrative rules.

IX. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

X. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XI. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal will be construed as their best and final offer/proposal. *Only the section(s) of the proposal that are amended shall be submitted by the applicant, along with the POS Proposal Application Title Page (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIII. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XIV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XV. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS are parenthesized).

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201)
- (2) Rejection for inadequate accounting system. (Section 3-141-202)
- (3) Late proposals (Section 3-143-603)
- (4) Inadequate response to request for proposals (Section 3-143-609)
- (5) Proposal not responsive (Section 3-143-610 (1))
- (6) Applicant not responsible (Section 3-143-610 (2))

XVI. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped and, when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XVII. Notice of Award

A Notice of Award containing a statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

XVIII. Protests

Any applicant may file a protest (using a prescribed form provided by the administrator of the State Procurement Office available on the State Procurement Office website whose address is on the Competitive POS Application Checklist located in the Attachments section of this RFP) against the awarding of the contract as long as an original and two

(2) copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who handled the protested procurement, by United States mail, or by hand-delivery. Protests regarding awards of contracts and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decision sent to the protester. Only the following matters may be protested:

- (1) a state purchasing agency's failure to follow procedures established by Chapter 37 of the Hawaii Revised Statutes;
- (2) a state purchasing agency's failure to follow any rule established by Chapter 37 of the Hawaii Revised Statutes; and
- (3) a state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome Leinaala Fukino, M.D.	Name: Ann Kinningham
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: P.O. Box 3378, Honolulu HI 96801	Mailing Address: P.O. Box 3378, Honolulu, HI 96801
Business Address: 1250 Punchbowl St., Honolulu, HI 96813	Business Address: 1250 Punchbowl St., Honolulu, HI 96813

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments to be made by the Director of Finance, State of Hawaii, pursuant to Chapter 103F, Hawaii Revised Statutes, and subject to the availability of State and/or Federal funds.

The Alcohol and Drug Abuse Division's services contracts shall be for a period commencing upon the State's Notice to Proceed through June 30, 2005 depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services.

Contracts will be single-term and with the option of a no-cost extension upon mutual agreement. Option for renewal or extension shall be based on the satisfactory performance of the contracted service(s) and the availability of funds.

XX. Criteria by Which the Performance of the Contract Will be Monitored and

Evaluated

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) **Performance/Outcome Measures**
For example, did the contractor satisfactorily meet its short-term outcomes and/or performance objectives as indicated by the quarterly/annual report and was the contractor effective in reducing risk factors or strengthening protective factors among the participants served by the program as measured by variance data in the Year-end Report?
- (2) **Output Measures**
For example, did the contractor satisfactorily meet its output measures, i.e., did the contractor serve the specified number of persons, conduct the required frequency of duration of the program, and fully utilize the contract funding?
- (3) **Quality of Care/Quality of Services**
For example, did the contractor meet established standards for the quality and delivery of services as delineated in the Scope of Services and as evaluated through the Contract Monitoring Report and the contractor's Corrective Action Plan (CAP)?
- (4) **Financial Management**
For example, did the contractor expend funds in accordance with the Generally Accepted Accounting Principles (GAAP) and have an adequate internal control system? Did the contractor submit the required fiscal reports and responses to any Corrective Action Plan (CAP) in a timely manner?
- (5) **Administrative Requirements**
For example, does the contractor have sound administrative policies and procedures as evaluated by the Policy and Procedures section of the Contract Monitoring Report?

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are contained in the POS Manual. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

The Alcohol and Drug Abuse Division may also be required to make small or major modifications to individual contracts that it is unable to anticipate now.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing

agencies will utilize standard cost principles outlined in Form SPO-H-201. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

The Alcohol and Drug Abuse Division may change the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.



SECTION 2:

**SERVICE
SPECIFICATIONS**

Section 2

Service Specifications

Substance Abuse Prevention Services for Youth

NOTE: This Request for Proposal (RFP) uses web-based material to assist APPLICANTS. The  (computer) symbol indicates a web-based resource that is imperative to preparation of the APPLICANT'S proposal. A  (hammer/wrench) symbol indicates tools which provide additional information or guidance.

I. Introduction

A. Overview, Purpose or Need

OVERVIEW: In September 2003, Lieutenant Governor James R. Aiona, Jr., convened the Hawaii Drug Control Strategy Summit to develop and refine *The Hawaii Drug Control Strategy: A New Beginning*. The document proposes an overarching strategy to coordinate activities and encourages government and communities to work together to mobilize diverse resources and base allocation priorities on critical needs. In May 2004, the Office of the Lt. Governor convened ad hoc committees to assist in the development of an action plan addressing the recommendations developed by attendees of the September 2003 Hawaii Drug Control Strategy Summit.

One action recommendation made by the Prevention Ad Hoc Committee was the creation of a comprehensive network of after-school activities for youth, ages 11-14, that is youth-driven and meets the diverse needs of this group. Youth of these ages are undergoing critical transition periods; i.e., moving from elementary school into middle school or moving from middle school into high school, and activities for this age group should include and provide opportunities for these youth to develop the critical life skills that will allow them to make positive life choices and be connected to their community.

The 2004 Hawaii State Legislature produced milestone legislation by appropriating state general funds for substance abuse prevention. Act 40, Section 3 appropriated \$2,000,000 for fiscal year 2004-2005 for substance abuse prevention, with priority given to drug education and awareness in the schools and community partnerships, non-school youth activities in communities with the greatest need, education and support for families and parenting women, and community mobilization.

PURPOSE OR NEED: Findings from the 2002 *Hawaii Student Alcohol, Tobacco, and Other Drug (ATOD) Use Survey* of more than 27,000 students in public and private schools statewide indicate that among youth in Hawaii, as well as nationwide, the use of alcohol and tobacco are the most likely to be initiated at an early age, with inhalants and marijuana likely to come next. ✕ For details of this study please follow the links provided in the Applicant Guide, Data to Assist You in Planning.

- By as early as the eighth grade 29.9% of students responding to the 2002 *Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey* reported using alcohol by the time they were 12 years old; 10.5% had tried tobacco, 9.1% had tried inhalants, and 15.9% had used marijuana.
- Sixth graders reported that by the age of nine, 9.4% had used alcohol and 5.5% had smoked their first cigarette. Nearly 1% of sixth graders said they smoked regularly.
- At least 1 out of 10 students in the eighth, tenth, and twelfth grades reported that they had been drunk by age 13 (15%, 13%, and 10%, respectively).
- Alcohol and other drug use by our youth is often accompanied by academic failure; a high rate of school drop-out; injury, violence, gang involvement, or early sexual activity with increased probabilities of teen pregnancy or AIDS.

B. Description of the goals of the service

This RFP intends to provide funding to help communities reduce drug and alcohol use by youth by mobilizing local communities, filling gaps in community prevention services and implementing innovative prevention approaches. Appropriate prevention services may target one or more of the following: youth, their parents and families, schools, and communities. Services shall include ongoing (recurrent) activities or a coordinated series of activities, not “one-shot” events. **Only projects that demonstrate a clear substance abuse education and prevention component will be funded.**

This RFP requires active involvement by the youth (not adults representing youth) and a broad range of community interests, which may include but are not limited to: parents; businesses; media; school principals (or their designees); youth-serving organizations; law enforcement agencies; faith-based organizations, fraternal organizations; civic and volunteer groups; healthcare professionals including Native Hawaiian Health Centers; cultural groups; state and county governmental agencies; other organizations involved in reducing or treating substance abuse in the community.

The APPLICANT shall demonstrate in the proposal how the approaches to

be used will reduce risk factors or enhance protective factors and fill resource gaps identified within the community.

C. Description of the target population to be served

The target population for services is primarily youth between the ages of 11 and 17 and their families. Proposals for younger ages will be considered, however, as data indicates that students report that their first use of alcohol and cigarettes as early as age 9.

D. Geographic coverage of service

The service area is statewide. Should an inadequate number of responsive and responsible proposals be submitted, or should sufficient monies be available, ADAD reserves the right to allocate additional funds to those APPLICANTS who have submitted acceptable proposals.

E. Probable funding amounts, source, and period of availability

Total Funding: \$2,000,000 (for the period Notice to Proceed to 06/30/2005)*

*Funding is contingent upon the availability of State general funds. Approximately \$2,000,000 is available in 2004-2005 for prevention services to mobilize local communities, fill gaps in community prevention services and implement prevention programs.

While no specific funding amounts have been predetermined, the State anticipates award amounts to be approximately \$5,000 to \$50,000 per site. The comprehensiveness of the proposal's scope and the number of entities collaborating to provide the services to address the identified needs will be considered in determining awards in excess of \$24,000.

Funds may not be used for major capital improvements or other costs listed as unallowable in Chapter 103F, HRS, Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found on the State Procurement Office (SPO) website. (See Section 5, POS Proposal Checklist for the website address).

Eligible applicants include state and county governmental agencies, for-profit organizations, businesses, media, schools, youth-serving organizations, law enforcement agencies, faith-based organizations, fraternal organizations, civic and volunteer groups, health care centers, cultural groups, and other organizations involved in reducing or treating substance abuse in the community.

NOTE:

1. ADAD reserves the right to reallocate the above amounts to other funded organizations if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance, or underutilization of funds such that it appears the provider will not be able to expend all allocated funds by the end of each fiscal year. The criteria used for the reallocation of funds shall be the same as the basis for the initial allocation of funds as specified in the RFP packet, Section 4, Proposal Evaluation.
2. A maximum of \$25,000 may be advanced for start-up costs for new programs, upon completion of an executed contract.
3. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:
 - a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the APPLICANT.
 - b. Disallow all or part of the invoice submitted by the APPLICANT.
 - c. Suspend or terminate the contract.
4. The APPLICANT can submit to ADAD proposals for requested contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of each contract year, unless prior approval is given by ADAD.
5. In the event that additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts.

II. General Requirements

A. Specific requirements or qualifications, including but not limited to licensure or accreditation

1. If awarded the contract, the APPLICANT shall:
 - a. Arrange for a financial and compliance audit to be done and submitted to the Department as directed in accordance with "Government OMB Circular A-133" if the APPLICANT expends \$500,000 or more in federal funds in a year.
 - b. Provide their most recent Financial Audit when total agency funding, whether for more or less than \$300,000, is from multiple funding sources, whether or not such funds equal or exceed \$300,000.
 - c. Comply with Chapter 103F, HRS, Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found on the State Procurement Office (SPO) website. (See Section 5, POS Proposal Checklist for the website address).
 - d. Reconcile the amount of an advanced payment by month five of the first year of the contract should such an advancement occur.
 - e. Refund to the STATE any funds unexpended or expended inappropriately.

B. Secondary Purchaser participation

1. ADAD does not plan to have any Secondary Purchases in conjunction with this RFP.
2. ADAD will allow after-the-fact Secondary Purchases.

C. Multiple or alternate proposals

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded

☐ Single ☒ Multiple ☐ Single & Multiple

Each recipient of funding under this RFP will be awarded a separate contract.

E. Single or multi-term contracts to be awarded

☒ Single term (< 2 yrs.)

☐ Multi-term (>2 yrs.)

The initial period shall commence on the State's Notice to Proceed and end no later than March 31, 2006. An option to extend for an additional one-year period is dependant upon the availability of funding.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP. **Contact Person:** Virginia Jackson at (808) 692-7517.

III. Scope of Work


The scope of work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

Successful proposals shall address how the services and programs for which funding is sought will be included in a series of coordinated prevention services in response to youth substance use and abuse incidence and prevalence data, risk and protective factors, and service needs in the local community (Community) as identified through a community assessment. Services and programs shall be developed and implemented by community partnerships (Partnerships) that mobilize communities and give priority to filling gaps in drug education and awareness in the schools, non-school youth activities in communities with the greatest need, and provide education and support for families and parenting women.

Appropriate prevention services shall strengthen the community's network of prevention services to combat substance abuse among youth ages 11-17 or younger, and target one or more of the following: youth, their parents and families, schools, and communities. Services and programs may be provided in schools or during non-school hours and shall include the following prevention strategies as defined by the federal Center for Substance Abuse Prevention (CSAP):

- Information dissemination
- Education *
- Alternative Activities
- Community-based Process

***NOTE:** ✕ Definitions and examples of these strategies may be found in the Applicant Guide, Prevention Strategies. *  The CSAP website www.preventiondss.org provides information on the appropriateness of specific education practices for particular risk and protective factors, population type, age, gender, and other factors.*

The APPLICANT shall be required to use the logic model community planning process outlined in the Applicant Guide, Logic Model. The APPLICANT shall describe how the program or service will be sustained after the funding period ends. ✕ Instructions for developing the Logic Model are provided in the Applicant Guide, Logic Model.

APPLICANTS shall also agree to participate in process and outcome evaluations as specified by ADAD. Please see B.4. below.

NOTE: APPLICANTS should also examine **Section 4, Proposal Evaluation** of this RFP which provides information on points to be addressed in the proposal and which will be taken into consideration by proposal evaluators.

B. Management Requirements (Minimum and/or mandatory tasks and responsibilities)

1. Personnel

The APPLICANT is required to provide written acknowledgement agreeing to comply with the **Personnel Requirements** in Section 5, Attachment D-1 of this RFP.

2. Administrative

The APPLICANT is required to provide written acknowledgement agreeing to comply with the **Administrative Requirements** in Section 5, Attachment D-2 of this RFP.

3. Quality assurance and evaluation specifications

- a. The APPLICANT is required to provide written acknowledgement agreeing to comply with the **Quality Assurance and Evaluation Specifications** in Section 5, Attachment D-3.

- b. The APPLICANT shall cooperate with ADAD to develop, an internal quality assurance process to monitor services provided through this RFP.
- c. The APPLICANT is required to participate in an outcome evaluation of the services that they provide and a process evaluation of their activities as a community partnership.
- d. At a minimum, all funded APPLICANTS shall:
 - 1) Collect and submit data on the services provided, CSAP strategies used, target population, and number of persons served using the ADAD management information system;
 - 2) Collect and submit data on program outcomes achieved using ADAD reporting forms and outcome measurement instruments determined by ADAD;
 - 3) Participate in other evaluation activities as specified by ADAD, including pre- and post-testing of participants using the Government Performance and Results Act (GPRA) Measures.

4. Output and performance/outcome measurements

ADAD will be using an outcome-based framework for the solicitation, selection, award, monitoring, and reporting of results through this RFP. The outcome-based framework focuses on specific changes to be achieved by participation in the prevention services provided. The APPLICANT shall track and report progress toward these performance targets to ADAD through a standard outcome reporting format and review with ADAD results and any necessary course of corrections.

Within this outcome-based framework, the APPLICANT shall:

- a. Establish a set of measurable outcomes, performance targets, and milestones for each prevention service to be provided.
- b. Evaluate their programs periodically to assess their progress toward achieving the outcomes, performance targets, and milestones.
- c. Administer a pre- and post-test to measure information and skills gained through participation in the prevention

activity. The APPLICANT shall utilize measurement tools as approved by ADAD.

- e. The APPLICANT shall be prepared to comply with the National Outcome Domains to permit standardized evaluation of ADAD-funded programs. The current proposed National Outcome Domains and Performance Measures are shown in the following table.

DESIRED OUTCOME/DOMAIN	PERFORMANCE MEASURE
Abstinence from Drug and Alcohol Use	30-day substance use (non-use/reduction in use) Perception of drug use as harmful Attitude toward use (Perception of drug use as unacceptable)
Returning to/Staying in School	School attendance ATOD-related suspensions/expulsions Drug-related workplace injuries
Decreased Criminal Justice Involvement	Drug-related crime
Increased Stability in Family and Living Conditions	Parent participation in prevention activities
Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race, and ethnicity
Increased Social Supports/Social Connectiveness	[Under development]

5. Reporting requirements for program and fiscal data

a. Required Program Reports:

- 1) The APPLICANT shall complete the ADAD **monthly management information system report** documenting the implementation of activities. The APPLICANT shall document on the monthly management information system report the number of public service announcements or other forms of information developed for the purpose of attracting community partners, creating awareness, or promoting services.
- 2) The APPLICANT shall design and implement a system to record the number of unduplicated

children, youth, parent and/or adult extended family members served through each CSAP strategy. The unduplicated count shall be recorded in the monthly and quarterly reports, culminating in a final unduplicated count on the year-end report. The number of public service announcements or other forms of information dissemination shall be reported in a similar manner.

- 3) The Applicant shall submit **Monthly, Quarterly and Year End Reports** summarizing and analyzing outcome data and accomplishments and challenges. Monthly reports are due 15 days after the end of each month. Quarterly reports are due 15 days after the end of each quarter. Year-End Reports are due 45 days after the end of each fiscal year.

Monthly reports are due by the fifteenth (15th) of the following month. Quarterly reports are due to ADAD by the fifteenth (15th) of the month immediately following the quarter in which services are delivered. Year-end reports are due by August 15.

Monthly:	Reports due by 15 th of the following month	
Quarter 1:	July 1 – Sept. 30	Report due Oct.15
Quarter 2:	Oct.1 – Dec.31	Report due Jan.15
Quarter 3:	Jan.1 – Mar. 31	Report due Apr. 15
Quarter 4:	Apr. 1- June 30	Report due July 15
Year End:	July 1 – June 30	Report due Aug. 15

b. Required Fiscal Reports:

- 1) The APPLICANT shall have the computer capacity to utilize ADAD's management information system, which currently is the **Prevention Minimum Data Set**.
- 2) The Applicant shall submit monthly the **Statement of Revenue and Expenditures Report** (ADAD Fiscal Form 200, 9/95).
- 3) The Applicant shall submit to ADAD its **final invoice** no later than 45 days after the end of each contract year, or by August 15, whichever comes first. Lapsing of funds will occur if final invoices are not received by ADAD in a timely manner.

- 4) Within 45 calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-End Program Report** which includes people served, unduplicated number of individuals served, activities relating to the six (6) Center for Substance Abuse Prevention strategies, and other contract close-out documents as specified by ADAD.

***NOTE:** The STATE will perform the audit of the APPLICANT to assure appropriateness and allowability of the reported invoices. The audit shall, at a minimum, include evaluating the financial statements, receipts, invoices, and other documents as requested by the STATE.*

6. Pricing or pricing methodology to be used

The method of pricing shall be reimbursement of actual expenditures.

7. Units of service and unit rate

Not applicable.

IV. Facilities

The APPLICANT shall provide a description of the facilities to be used and demonstrate their adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.



SECTION 3:

**POS PROPOSAL
APPLICATION
INSTRUCTIONS**

Section 3

POS Proposal Application

For HTH 440-10-01

NOTE: The  (computer) symbol indicates a web-based resource that is imperative to preparation of the APPLICANT'S proposal. A  (hammer/wrench) symbol indicates tools which provide additional information or guidance.

General instructions for completing applications:

- POS Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section. Applicant's attention is drawn to the following format requirements:
- Do not exceed specified page limits. Attachments are not included within the page limitations.
 - Use 1" margins.
 - Use a 12 point font.
 - Single space pages.
- The numerical outline for the application, the titles/subtitles, and the APPLICANT organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.
- Page numbering of the POS Proposal Application should be consecutive, beginning with page one and continuing through the complete proposal.
- Proposals may be submitted in a three ring binder (Optional).
- Tabbing of sections (Recommended).
- APPLICANTS must also include a Table of Contents with the POS Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.
- A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an APPLICANT'S score.
- APPLICANTS are encouraged to take Section 4, Proposal Evaluation, into consideration when completing the proposal.
- This form (SPO-H-2004) is available on the SPO website. The address of the SPO website is shown in Section 1 of this RFP on the page immediately preceding the Table of Contents. If using the website form, the APPLICANT must include the items listed in this section.

The POS Proposal Application comprises the following sections:

- Title Page
- Table of Contents
- Background and Summary
- Experience and Capability
- Personnel: Project Organization and Staffing
- Service Delivery
- Financial
- Other

1. Background and Summary (Do not exceed 1 page.)

This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. Include a brief description of the APPLICANT'S organization, the goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need identified in the service specifications.

Include in this section:

- A listing of individuals and community organizations who participated in the development of the APPLICANT'S proposal and are committed to completing the planning and implementation processes;
- A brief description of the community's 11-17 year old youth including numbers, demographic characteristics, extent of substance use and abuse, and risk and protective factors for youth in the target community;
- A rationale supporting the need for the proposed services including identification of existing resources and gaps, how the APPLICANT will work with similar service providers, and steps to be taken to avoid duplication of efforts.
- A brief description of the APPLICANT'S approach to community mobilization and the development of a comprehensive network of prevention services addressing the needs and interests of youth, ages 11-17;
- A brief description of prevention services/strategies that will be provided, including the population targeted to receive services; and
- A statement of the outcomes to be achieved.

II. Experience and Capability (Do not exceed 5 pages.)

A. Necessary Skills and Experience

This RFP supports the efforts of communities to address and reduce substance abuse among youth between the ages of 11-17 or younger.

Whenever possible, ADAD seeks to support Community Prevention Partnerships (Partnerships) made up of a variety of agencies, organizations, and individuals in the community.

***NOTE:** According to the Community Anti-Drug Coalitions of America (CADCA), "A coalition (Community Prevention Partnership) is a formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community."*

A Community Prevention Partnership member is defined as a representative of the

community who participates in regularly scheduled coalition management and/or planning meetings and is an active participant and contributor to the Partnership's activities, events, and strategic planning. A sponsor/supporter is not necessarily the same as an active Partnership member. It must be clear that the Partnership functions as a unique entity and is more than a group of agency and organization representatives or a board of directors of a direct service delivery organization.

For purposes of this RFP, the Partnership must have representation from the targeted community and include at least two (2) 11-17 year old youth and at least one member/representative for each of the following sectors: parents of 11-17 year old youth, business community, for-profit organizations, media, school principal or designee, youth-serving organizations, law enforcements agencies, faith-based or fraternal organizations, civic and volunteer groups, healthcare professionals, state or county governmental agencies with expertise in the field of substance abuse, other organizations involved in reducing or treating substance abuse.

In this section of the RFP, the APPLICANT'S proposal shall:

- State clearly statement that the reduction of youth substance abuse is a principal purpose of the proposed service(s) or program(s).
- Contain a **letter of agreement** signed by an authorized representative of each member of the Partnership who will be providing direct services that will be funded through this RFP. The letter shall state briefly but clearly the role that each organization or individual will play in implementing the services described in the proposal.
- Identify specific service gaps to be filled by the proposed service(s) and a description of the risk/protective factors to be effected by the service(s).
- Provide evidence that the APPLICANT has the capability to manage any prevention programs or other activities proposed. List and describe appropriate projects in the past five years that would demonstrate experience expertise.
- Identify by name and address the two (2) youth who will be involved in planning the prevention activity.

B. Quality Assurance and Evaluation

The APPLICANT shall describe its quality assurance and evaluation plans for the proposed services, including methodology. The quality assurance and evaluation process shall include process evaluation examining the way in which the community conducts needs assessments, formulates logic models, selects programs or services that best fit community needs and resource gaps, and implements such programs/services. The evaluation process shall also include how the community will measure outcomes and evaluate changes in youth behavior that were brought about by programs/services implemented through this

RFP.

APPLICANTS have two general responsibilities in the evaluation process:

- to maintain records of the services provided in a format that can be used by ADAD to monitor services, and
- to measure the outcomes of the services that they provide by conducting pre- and post-test surveys using the GPRA instrument and other means to assess changes in participants' knowledge, beliefs, behaviors, or other outcomes.

***NOTE:** APPLICANTS should note that all evaluation plans and measurement items and instruments must be approved by ADAD prior to implementation. ADAD reserves the right to modify an evaluation plan.*

C. Coordination of Services

This section seeks information about how the APPLICANT will coordinate services with State and County agencies, organizations, and other resources in the community including procedures for communications and logistical support, planning, and service implementation. Briefly describe how members of the community worked together to respond to this RFP. Describe the mechanisms and procedures whereby the APPLICANT will work with other prevention organizations to avoid duplication of services.

Indicate in Step Five: Action Plan Logic Model (Attachment C-3 of this RFP) contributions to be made by key community stakeholders in implementing the proposed services.

D. Facilities

The APPLICANT shall provide a description of the facilities to be used and demonstrate their adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

III. Project Organization and Staffing (5 pages maximum)

A. Proposed Staffing

The APPLICANT shall describe the proposed staffing pattern, client/staff ratio, and anticipated caseload capacity appropriate for each service to be delivered. On the Staffing Position Chart (Section 5, Attachment C-2 of this RFP), please list all staff who will be responsible for providing each service, including contract oversight functions and direct services to youth or parents. Include the number and full-time equivalent of staff and the name of the organization that will employ them.

B. Staff Qualifications

The APPLICANT shall provide the minimum qualifications (including experience) for staff assigned to implementing the service(s). The form in Section 5, Attachment C-2 may be used for this purpose.

Provide as an attachment to the proposal, the resumes of key staff listed in III.A. above and the job descriptions of all staff who will be providing services.

C. Supervision and Training

The APPLICANT shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

D. Organization Chart

Include both “Organization-wide” and “Program” organization charts as an attachment to the APPLICANT’S proposal. Organization-wide charts should be used to indicate lines of collaboration, cooperation, or authority between the community’s prevention service providers. “Program” charts should be used to reflect the positions involved with implementing the specific services to be carried out by a single service provider. The APPLICANT shall reflect the position(s) of each individual who has direct responsibility for the proposed service, including position title, name, full time equivalency, and supervision received.

If the APPLICANT does not have an organization chart, the APPLICANT shall state that and name the person(s) directly responsible for the specific prevention services to be delivered.

Complete Attachment C-1, “Community-Wide Substance Abuse Prevention Services for Youth” and Attachment C-2 “Staffing Position Chart” which may be found in Section 5, Attachments of this RFP.

IV. Service Delivery (Do not exceed 15 pages.)

NOTE: It is highly recommended that the APPLICANT also read Section 4, Proposal Evaluation of this RFP, which contains criteria for evaluating proposals submitted in response to this RFP.

The Service Delivery Section shall include a detailed discussion of the APPLICANT’S approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (as indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines /schedules.

The APPLICANT shall complete and submit as an attachment to the proposal Attachment C-3, which can be found in Section 5, Attachments of this RFP.

In this section APPLICANTS are asked to describe their approach to implementing the major tasks described in the Scope of Services. The APPLICANT shall summarize community needs, assets, and resources. Based on the information collected and reviewed about youth substance use and abuse, risk and protective factors, and resources and gaps in services, the proposal shall discuss the problems in the community and its most important prevention needs and service gaps. The discussion shall present concise statements including, at a minimum, the following topics:

1. Basic demographic information, including population of adults and children, ethnicities, and social-economic composition of the community base.
2. Alcohol, tobacco, marijuana, and other drug use, misuse, and abuse (incidence and prevalence data) for the youth in the community. APPLICANTS should use incidence and prevalence data to determine the scope of the youth substance abuse problem and to monitor the ultimate outcome of the reduction and prevention of adolescent alcohol, tobacco, marijuana, and other drug use.
3. Risk and protective factors for youth in the community.
 - Identify and prioritize risk factors and protective factors in the community
 - Specify the indicators that are representative of the prioritized risk factors
 - Identify the data source(s) used to support the assessed risk factor(s) and protective factor(s).
 - Identify specific populations most at-risk
4. Existing and/or potential substance abuse prevention resources in the community.
 - Who is providing prevention services or related youth services in the community?
 - How will the APPLICANT work with youth ages 11-17 or younger who will benefit from the prevention services and the individuals and institutions in the community that can provide and support prevention services, including:

Law Enforcement	Education	Youth
Criminal Justice	Civic Organizations	Parents
Faith Based Organizations	Youth Sports	Business
Human Service Providers	Health Care Providers	Military
Colleges/Universities	Ethnic Groups	Government
Elected Officials	Child Care Providers	
 - Which of these service providers will be involved with the project?
 - How will the community's prevention service providers coordinate with APPLICANT?
5. How the proposed prevention program/service will be implemented:
 - List the prevention programs or approaches that will be used and a rationale for using these programs/services.
 - Describe implementation issues for each program. (Acquiring materials, staff training, other special requirements).
 - Describe the proposed eligibility criteria for each of the targeted populations to receive prevention actions and program services.

- Outline strategies for recruitment and ensuring ongoing involvement of targeted populations.
 - Describe how culturally competent adaptations will be made without sacrificing the core elements of the program.
 - Describe how programs/services will be evaluated for effectiveness.
 - Define preliminary outcomes that are expected as the result of prevention actions and strategies. Outcomes can be measured by specific observable changes in targeted measures among the individual participants in prevention programs or in the broader context of institutions and the community.
 - Sustaining effective programs/activities, and improving or replacing those that failed.
6. Provide performance data to ADAD on a regular basis, as described in Section 2., III. Scope of Work, B.3d. (1) – (3) of this RFP for the purposes of on-going contract monitoring and the evaluation of effectiveness.

V. Financial

A. Pricing Structure

The APPLICANT shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the POS Proposal Application.

Pricing structure for this RFP shall be based on cost reimbursement.

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

Only the following budget form(s), which are available on the State Procurement Office website shall be submitted with the POS Proposal Application:

1. Form SPO-H205 Budget
2. Form SPO-H205B Organization - Wide Budget By Programs
3. Form SPO-H206A Personnel - Salaries and Wages
4. Form SPO-H206B Personnel - Payroll Taxes, Assessments, and Fringe
5. Form SPO-H206C Travel - Inter-island
6. Form SPO-H206E Contractual Services - Administrative
7. Form SPO-H206F Contractual Services - Subcontracts
8. Form SPO-H206H Program Activities
9. Form SPO-H206I Equipment Purchases
10. Form SPO-H206J Motor Vehicle

B. Other Financial Related Materials

In order to determine the adequacy of the APPLICANT'S accounting system as described under the administrative rules, the following documents are requested as part for the POS Proposal Application (shall be attached):

1. Latest Single Audit Report of Financial Audit.
2. Cost Allocation Plan, which provides an explanation of how cost is allocated to various sources of funding.

VI. Other

A. Litigation

The Applicant shall disclose and explain any pending litigation to which they are a party, including the disclosure of any outstanding judgments.

SECTION 4:

PROPOSAL EVALUATION

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of POS Proposal Application
- Phase 3 - Recommendation for Award

A. Evaluation Categories and Threshold

<u>EVALUATION CATEGORIES</u>	<u>POSSIBLE POINTS</u>
Administrative Requirements	
Proposal Application	100 Points
<u>Background and Summary</u>	0 Points
<u>Program Overview:</u>	
Experience and Capability	20 Points
Project Organization and Staffing	15 Points
Service Delivery	55 Points
Financial	10 Points

ADAD reserves the right to apply the following additional criteria in determining the funding allocations:

- Compliance with the intent of Act 40 which allocates funding for substance abuse prevention, with priority given to drug education and awareness in the schools and community partnerships, non-school youth activities in communities with the greatest need, education and support for families and parenting women, and community mobilization.

- The interest of the State in having prevention approaches addressing the individual youth, the family, the school, and the community domains;
- The interest of the State to develop prevention services for youth ages 11-17 and younger including a comprehensive network of activities for this age group.

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

(1) *Administrative Requirements*

The Checklist and Table of Contents are not a basis for rejection if missing, however it is encouraged that the APPLICANT use these tools for assuring completeness of the proposal and easing navigation through the document. Other Administrative Requirements may include registration (if the APPLICANT is not pre-registered with the State Procurement Office), Assurances and Certifications, and tax clearance certificate. (A new tax clearance certificate may be required when a contract is awarded).

(2) *Mandatory POS Proposal Application Requirements*

- POS Application Title Page (Form SPO-H-200)
- Table of Contents
- Program Overview
 - Experience and Capability
 - Project Organization and Staffing
 - Service Delivery
 - Financial (All required forms and documents)
 - Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of POS Proposal Application (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the APPLICANT an opportunity to orient evaluators as to the service(s) being offered.

An explanation of the scoring procedure is given in the following box.

SCORING PROCEDURE: For each of the categories, evaluators will read the corresponding section in the APPLICANT'S proposal. They will check "Yes" or "No" on the Rating Sheet to indicate whether the proposal meets the criteria specified in Sections 2 and 3 of the RFP. An appropriate numerical rating will be given for each category as follows:

If the proposal addresses all the required elements for a category as specified in the criteria on the Rating Sheet, at least a satisfactory rating of 3 will be given for that category.

If the proposal does not address all of the specified elements a less than satisfactory (<3) rating will be given.

A rating of zero (0) will be awarded for any category that is not addressed in any way.

If the proposal addresses all of the elements in a logical, comprehensive, detailed manner, a rating above satisfactory (>3) may be awarded.

Any ratings above or below satisfactory (3) will be explained. Comments are optional if the rating is satisfactory (3).

The evaluation panel will rate each category on a scale of 0 through 5 and convert that rating to a point score. For example, a satisfactory score for a category is calculated by dividing the maximum number of points for that category by 5 (the highest rating possible) and then multiplying that number by 3 (the rating for "satisfactory"). Each category below gives the maximum point score and the satisfactory point score. Ratings will be the consensus of the evaluation panel.

(1) *Experience and Capability (20 Points)*

The State will evaluate the APPLICANT'S experience and capability relevant to the proposed service(s), which shall include the degree to which the APPLICANT describes in detail:

A. Necessary Skills (Maximum = 3 Points; Satisfactory for the category = 1.8)

The APPLICANT has planned the proposed activities in partnership with others from the targeted community, which shall include at least two (2) 11-17 year old youth and representation of applicable sectors which may include: parents of 11-17 year old youth, business community, media, school principal or designee, youth-serving organizations, law enforcements agencies, faith-based or fraternal organizations, civic and volunteer groups, healthcare professionals, state or county governmental agencies with expertise in the field of substance abuse, and other organizations involved in reducing substance abuse.

The APPLICANT'S proposal has:

- Stated clearly that the reduction of youth substance abuse is a principal purpose of the proposed service(s) or program(s).
- Included a **letter of agreement** signed by an authorized representative of each member of the community who will be providing direct services that will be funded through this RFP.

The letter briefly and clearly defines the role that each organization or individual will play in implementing the services described in the proposal.

- Identified specific service gaps to be filled by the proposed service(s) and a description of the risk/protective factors to be effected by the service(s).

B. Experience (Maximum = 4 Points; Satisfactory for the category = 2.4 points)

- The APPLICANT has provided resumes of key staff that include a listing of experience with related or similar projects. The resumes shall include references.
- The APPLICANT has demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.

C. Quality Assurance and Evaluation (Maximum =3 Points; Satisfactory for the category = 1.8 points)

The APPLICANT has described adequate approaches for:

- Quality assurance and evaluation capability.
- Documenting its processes of community mobilization and planning.
- Outcome evaluation.
- Maintaining records of the services provided in a format that can be used by ADAD to monitor services, and
- Measuring the outcomes of the services that they provide by conducting pre- and post-test surveys using the GPRA instrument and other means to assess changes in participants' knowledge, beliefs, behaviors, or other outcomes.
- Providing performance data to ADAD on a regular basis, as described in Section 2.III.B.d. (1) – (3) of this RFP.

D. Coordination of Services (Maximum = 9 Points; Satisfactory for the category = 5.4 points)

- The APPLICANT has described how the requested funding will be used to help communities reduce drug and alcohol use by youth by mobilizing local communities, filling gaps in community prevention services and piloting innovative prevention approaches.
- The proposed prevention services target one or more of the following: youth, their parents and families, schools, and

communities.

- The proposed projects demonstrate a clear substance abuse education and prevention component.
- The APPLICANT has demonstrated in the proposal how the approaches to be used will reduce risk factors or enhance protective factors and fill resource gaps identified within the community.
- The APPLICANT has demonstrated the capability to coordinate services with other organizations and resources in the community.
- The APPLICANT'S procedures for working together with other service providers in the community to implement prevention activities are clearly described.

E. Facilities (Maximum = 1 point; Satisfactory for the Category = 0.6 points)

- Facilities that will be used are clearly described and are appropriate to the proposed services.
- The proposal describes how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

(2) ***Project Organization and Staffing (15 points) (Maximum = 15 points; Satisfactory for the category = 9 points)***

The State will evaluate the APPLICANT'S overall staffing approach to the service, including staffing patterns, participant/staff ratio, and proposed program participant capacity, as to its reasonableness to insure the viability of the service:

- Organization charts are provided for the APPLICANT'S proposed project, including organization charts for any partnerships delivering services.
- A Staffing Position chart is provided for the APPLICANT and for the partnership as a whole, if applicable.
- The number and full-time equivalence of staff is presented.
- The organizational affiliation of all staff is clearly stated.
- A rationale for the proposed staffing pattern is provided.
- Job descriptions and minimum qualifications of all staff are presented.
- Resumes of identified staff are provided. References can verify work experience and capabilities.
- An adequate capability of the APPLICANT to supervise, train, and provide administrative support to staff is described.

(3) ***Service Delivery (55 Points) (Maximum points = 55; Satisfactory for the category = 33 points)***

- Based on the epidemiological data collected and reviewed, the proposal describes community demographics, youth substance use and abuse, risk and protective factors, resources, and gaps in services.
- The APPLICANT has described the community's strengths and concerns and its most pressing prevention needs and service gaps.
- The APPLICANT has described existing and/or potential substance abuse prevention resources in the community, including who is providing prevention services or related youth services in the community.
- The APPLICANT has described how the APPLICANT will work with youth 11-17 years old or younger who will benefit from the prevention services and the individuals and institutions in the community that can provide and support prevention services, including those listed in Section 2 of the RFP.
- The APPLICANT has stated which of these service providers will be involved with the project?
- The proposal describes how the community's prevention service providers coordinate with APPLICANT.
- The proposal details how the target population(s) was selected and the appropriate level(s) of prevention services were determined.
- The proposal describes the proposed eligibility criteria for prevention services, strategies for recruiting participants from the target population, and how it will ensure the ongoing involvement of targeted populations.
- The APPLICANT describes how the proposed prevention program/service will be implemented, including the following:
 - The prevention programs or approaches that will be used are listed and a rationale for using these programs/services is given.
 - Implementation issues for each program. (Acquiring materials, staff training, other special requirements) have been described.

- A description of how culturally competent adaptations will be made without sacrificing the core elements of the program.
 - How programs/services will be evaluated for effectiveness.
 - The preliminary outcomes that are expected as the result of prevention actions and strategies.
 - How effective programs/activities will be sustained and how those that fail will be improved or replaced.
-
- The APPLICANT describes how the APPLICANT will work with other community service providers and stakeholders at the State, County, and community levels to plan and implement successful prevention activities that will be sustained over time.
 - The APPLICANT has described existing and/or potential substance abuse prevention resources in the community and identified which of these resources will be involved with the project.
 - The discussion includes a description of how the APPLICANT will coordinate services with those not directly involved in the Partnership.
 - The proposal has described how the APPLICANT'S proposed services will attempt to fill identified service gaps.
 - The proposal has described an approach for using outcome and performance measures, for monitoring progress against baseline data, and adjusting plans as the result of ongoing needs assessment and monitoring activities.
 - The APPLICANT has described how the issue of sustainability will be addressed throughout each step of planning and implementation.
 - The APPLICANT has included a work plan which includes a timeline presenting a logical sequence of essential tasks to be completed and key milestones to be achieved in planning, implementing, and managing the proposed prevention activities. The work plan includes the names or titles of persons responsible for accomplishing tasks.
 - The APPLICANT has demonstrated that local needs assessments guided program selection and has described how the potential programs, policies, and practices logically relate to the populations, risk and protective factors, and outcomes targeted in the community.

- The proposal describes how culturally competent adaptations might be made without sacrificing the core elements of the program.
- The proposal describes how the APPLICANT will assess program effectiveness, ensure service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.
- The APPLICANT ensures the timely submission of performance data to ADAD on a regular basis, as described in Section 2, III. Scope of Work, B.3d. (1) – (3) of this RFP.
- The APPLICANT has specified baseline data against which progress and outcomes of the evidence-based program can be measured.
- The APPLICANT has formulated preliminary immediate, intermediate, and long-range outcomes for community prevention based on the assessment activities completed through the previous steps.

(4) *Financial (10 Points)* (Maximum = 10 points; Satisfactory for the category = 6 points)

Pricing structure based on cost reimbursement:

- Personnel costs are reasonable and comparable to the positions in the community.
- Non-personnel costs are reasonable and adequately justified.
- The budget supports the scope of service and requirements of the Request for Proposal.
- Proposed program expenses are realistic and well justified.
- The proposed program has sufficient revenues within its budget to deliver appropriate services.
- The cost allocation worksheet submitted, including the explanation of how costs are allocated to various programs, is reasonable.
- Adequacy of accounting system.

IV. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

SECTION 5

ATTACHMENTS

<u>Attachment</u>	<u>Document</u>
A.	Competitive POS Application Checklist
B.	Sample Table of Contents for the POS Proposal Application
C.	Workplan Forms <ul style="list-style-type: none">C-1 Community-Wide Substance Abuse Prevention Services for YouthC-2 Staffing Position ChartC-3 Logic Model
D.	Program Specific Requirements <ul style="list-style-type: none">D-1 Management Requirements - PersonnelD-2 Management Requirements – AdministrativeD-3 Quality Assurance and Evaluation SpecificationsD-4 Code of Ethics
E.	Applicant Guide

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services and For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	(Required ONLY upon notification of award)	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5	No	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5	X	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	No	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications and Assurances:				
Environmental Tobacco Smoke		Section 5, RFP	X	
Program Specific Requirements:				
Audit			X	
Forms		Attachments C, D, E, RFP	X	

Authorized Signature

Date

Proposal Application Table of Contents

I.	Program Overview.....	1
II.	Experience and Capability	1
A.	Necessary Skills	2
B.	Experience.....	4
C.	Quality Assurance and Evaluation.....	5
D.	Coordination of Services.....	6
E.	Facilities.....	6
III.	Project Organization and Staffing	7
A.	Staffing.....	7
1.	Proposed Staffing	7
2.	Staff Qualifications	9
B.	Project Organization	10
1.	Supervision and Training.....	10
2.	Organization Charts—Partnership, Organization-wide and Program (Project) (See Attachments for Organization Charts)	10
IV.	Service Delivery.....	12
	See Attachments for Logic Model, Staffing Position Chart, etc.	
V.	Financial.....	20
	See Attachments for Cost Proposal, Audit, and Organization-Wide RFP Information	
VI.	Litigation.....	20
VII.	Attachments	
A.	Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
B.	Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 2004	
	Organization-Wide RFP Information	
C.	Organization Charts	
	Partnership	

Organization: _____

RFP No: _____

SAMPLE

Lead Organization: Organization-Wide
Project-Specific

- D.** Service Delivery Attachments
 Logic Model
 Staffing Position Chart
 Letters of Commitment to the Partnership and Contribution
 Letters Assuring Participation in Evaluation
 Signed Codes of Conduct
 Resumes of Key Staff
 Project Management Work Plan

E. Program Specific Requirements

Attachments D-1 through D-3
Attachments E-1 through E-5

Applicant/Awardee _____ **Period** _____ **RFP/ID#** _____

Prepared by: _____ Phone No.: _____

Title: _____ Date: _____

*SFY (State Fiscal Year) 2004 period is from July 1, 2004 to June 30, 2005

The APPLICANT shall reflect the position(s) of each individual who has direct responsibility for the proposed service, including position title, name, full time equivalency, and supervision received.

COMMUNITY PROJECT NAME: _____

LOGIC MODEL

STEP ONE: ASSESSMENT OF COMMUNITY’S PREVENTION NEEDS				
1.	2.	3.		4.
RISK FACTOR PRIORITIZED	PROTECTIVE FACTOR(S) PRIORITIZED	RESOURCE ASSESSMENT (FOR RISK FACTOR/PROTECTIVE FACTOR)		PROBLEM(S) RELATED TO RISK/PROTECTIVE/RESOURCE GAP
		Available	Missing	

STEP TWO: IDENTIFY YOUR PROPOSED OUTCOMES		
1.	2.	3.
LONG RANGE OUTCOMES: Related to changes in the alcohol, tobacco, and other drug use	INTERMEDIATE OUTCOMES: Related to changes in the risk and protective factors	IMMEDIATE OUTCOMES: Related to participation in prevention services (refers to anticipated immediate changes.

COMMUNITY PROJECT NAME: _____

LEGEND (IOM) –U: Universal; **S:** Selective; **I:** Indicated**DOMAIN – C:** Community; **F:** Family; **S:** School; **I/P** Individual/Peer**STEP THREE: IDENTIFY YUR TARGET POPULATION**

1.						2.	
TARGET POPULATION						ELIGIBILITY TO PARTICPATE	
Participant Youth					School Survey	Participant Adult	
Number to receive services	Description				Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	Number Involved	Description (by relationship to youth)
	Grade	Gender	Ethnicity	School			

STEP FOUR: SELECT SCIENCE-BASED PREVENTION PROGRAMS

1.				2.			3.			
PREVENTION PROGRAM:				Institute of Medicine PREVENTION DEFINITION			DOMAIN(S) OF ACTIVITY(S)			
Specific Program Activity				U	S	I	C	F	S	P
4.			5.			6.				
DOSAGE OF EACH ACTIVITY(S)			LOCATION	ADMINISTRATOR		ACTIVITY BEGIN AND END DATES				
Act. #	Number of Sessions	Length of each sessions			Proposed					
					Begin		End			

COMMUNITY PROJECT NAME: _____

STEP FIVE: ACTION PLAN LOGIC MODEL

Community Name: _____

Community Project Name: _____

Applicant: _____

Address of Applicant: _____

Phone number/e-mail of Applicant: _____

Project Director(s): _____

Key Community Stakeholders, If Applicable	Indicate Specific Contribution to Prevention Service for Service Specified in category [i.e., deliver services, in-kind (space, etc), funds, referrals]:

Management Requirements

1. Personnel

The APPLICANT agrees to comply with the Personnel Management Requirements of this RFP.

The APPLICANT shall:

- ☐ Conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position, which necessitates close proximity to clients. For administrative and program staff working in a position which necessitates close proximity to children or adolescents, the criminal history check shall also include fingerprinting. A copy of the criminal history record check and fingerprinting check shall be placed in the employee's or volunteer's personnel file and shall be available for review.
- ☐ Possess and document knowledge, capacity, skills and experience in working with the targeted population, as well as the community it proposes to serve. The APPLICANT shall ensure that staff receive training in any curriculum, strategies, or program model it will implement before the start of operation. The cost of staff training shall be included in the APPLICANT's proposed budget.
- ☐ Coordinate, plan and organize the delivery of age-appropriate curricula or activities to the targeted population. The APPLICANT shall possess the knowledge, planning capacities, skills and experience in delivering curriculum-based programs, working with the targeted population, as well as the community at large, and this shall be documented in the resumes of key staff.
- ☐ Conduct an initial orientation for prevention personnel within 30 days of employment for all new employees and document such in the personnel record of the employee. The orientation shall include acquainting staff with the organization's policies and procedures, expected codes of conduct, and expected practices for prevention staff including use of current prevention concepts and program strategies, theory, research, and best practice findings upon which prevention services and programs of the agency are based
- ☐ Maintain and update annually a description of its organization-staffing pattern, including an organization chart showing lines of authority for prevention services.

- ☐ Designate, and indicate on the APPLICANT's organization chart, an individual(s) responsible for the supervision of prevention professionals, paraprofessionals, volunteers, and services.
- ☐ Provide documentation of the APPLICANT's successful experience in providing substance abuse prevention services to minorities. The APPLICANT's staff and volunteers shall possess in-depth understanding of the culture(s) in the geographical region it proposes to serve.
- ☐ Provide staff with opportunities to attend ADAD-approved prevention training(s), including but not limited to the Substance Abuse Prevention Specialist Training (SAPST), Client Confidentiality Training, as well as an Overview of Substance Abuse.
- ☐ Ensure that staff receive training in the ADAD management information system and in ADAD's procedures for reporting fulfillment of the RFP requirements and evaluations of capacity, process, and outcomes.
- ☐ Abide by the Code of Ethical Conduct for Prevention Professionals as created by the Prevention Think Tank™. A signed copy shall be placed in the personnel file of each staff member employed by this program. In the RFP for youth programs, the Code is in Section 5, Attachment F, Applicant Guide.
- ☐ Attend substance abuse prevention providers' meetings as scheduled by ADAD.
- ☐ Supervise any volunteers, if used by the APPLICANT, and training them in client confidentiality issues, program quality assurance requirements and requiring them to adhere to the Code of Ethical Conduct for Prevention Professionals included in the Section 5, Attachment F, Applicant Guide. A signed copy of the Code of Ethical Conduct for Prevention Professions shall be placed in the file of each volunteer affiliated with this program.
- ☐ Develop and implement a written safety plan which includes policies and procedures for handling personal injury, threats, emergencies, or disasters. Post evacuation routes in facilities used by the program.
- ☐ Maintain documentation for each employee of an initial tuberculosis (TB) skin test or chest X-ray. A copy of the test results shall be placed in the personnel file of each staff member employed by this program.

- ☐ Implement a no-smoking policy.

- ☐ Assure that each staff receives at least 12 hours of ADAD-approved prevention training per year in current prevention research, theory and practice.
Documentation of such training shall be included in the personnel file for each staff employed by this program.

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization shall comply with the terms and conditions of the contract if a contract is awarded as a result of this application.

Organization Name

Name of Authorized Representative

Title

Signature

Date

Management Requirements

2. Administrative

The APPLICANT agrees to comply with the Administrative Management Requirements of this RFP.

The APPLICANT shall:

- ☐ Develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.
- ☐ Establish and implement policies and procedures which clearly identify the target population for each type of prevention service, the program content, and methods of service delivery.
- ☐ Possess providing services to the target population in the designated community.
- ☐ Review all written and/or audio visual prevention material, at a minimum, biannually by staff and by an advisory board or ad hoc committee to assure that it is relevant, current, and age and culturally appropriate.
- ☐ Implement procedures for handling complaints and grievances.
- ☐ Familiarize staff with materials available at the Regional Alcohol and Drug Awareness Resource (RADAR) Center and meet with RADAR staff once per quarter for technical assistance.
- ☐ Acknowledge the DEPARTMENT and ADAD as the APPLICANT's program sponsor by displaying the DEPARTMENT's logo and the following statement on displays, public service announcements, or written material distributed by the program: "Funded by the State of Hawaii Department of Health, Alcohol and Drug Abuse Division through General Revenue Funds Appropriated through Act 40.
- ☐ Refund to the DEPARTMENT any funds unexpended or expended inappropriately.
- ☐ Under the actual expenditure method of reimbursement, assure that all equipment and unused supplies and materials purchased with funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.

- ☐ Under the actual performance method of reimbursement, assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contact amount in determining the net allowable cost on which the state's share or cost is based.

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization shall comply with the terms and conditions of the contract if a contract is awarded as a result of this application.

Organization Name

Name of Authorized Representative

Title

Signature

Date

Management Requirements

3. Quality assurance and evaluation specifications

The APPLICANT agrees to comply with the quality assurance and evaluation Management Requirements of this RFP.

The APPLICANT shall:

- ☐ Have a quality assurance plan and submit it as part of its proposal identifying the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.
- ☐ Use the quality assurance plan to serve as procedural guidelines for staff and confer upon designated individuals and committees the authority to fulfill their responsibilities in the areas of quality assurance.
- ☐ Use the quality assurance plan to serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee and information conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.
- ☐ Use the quality assurance system to identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.
- ☐ Reflect in its program evaluation documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization shall comply with the

terms and conditions of the contract if a contract is awarded as a result of this application.

Organization Name

Name of Authorized Representative

Title

Signature

Date

Code of Ethical Conduct for Prevention Professionals

Preamble

The Principles of Ethics are a model of standards of exemplary professional conduct. These principles of the Code of Prevention Think Tank Ethical Conduct express the professional's recognition of his/her responsibilities to the public, to service recipients, and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The Principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. These Principles should not be regarded as limitations or restrictions, but as goals toward which Prevention Professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the field.

Principles

I. Non-Discrimination

Prevention Professional shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical, medical, or mental disability. Prevention Professional should broaden their understanding and acceptance of cultural and individual differences, and in so doing, render services and provide information sensitive to those differences.

II. Competence

A Prevention Professional shall observe the professional's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his or her ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

- a. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- b. Due care requires a professional to plan and supervise adequately and evaluate, to the extent possible, any professional activity for which they are responsible.
- c. Prevention Professional should recognize limitations and boundaries of competencies and not use techniques or offer services outside of their competencies. Professionals are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.
- d. Ideally, Certified Prevention Professionals should supervise Prevention Professionals. When this is not available, Prevention Professionals should seek peer supervision or mentoring from other competent Prevention Professionals.
- e. When a Prevention Professional have knowledge of unethical conduct or practice on the part of an agency or prevention professional, he or she has an ethical responsibility to report the conduct or practices to appropriate funding or regulatory bodies or to the public.
- f. Prevention Professionals should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for themselves.

III. Integrity

To maintain and broaden public confidence, Prevention Professionals should perform all professional responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It *cannot* accommodate deceit or subordination of principle.

- a. Present all information accurately and fairly. Each professional should document and assign credit to all contributing sources used in published material or public statements.
- b. Prevention Professionals should not misrepresent either directly or by implication professional qualifications or affiliations.
- c. Where there is evidence of impairment in a colleague or a service recipient, a Prevention Professional should be supportive of assistance or treatment.
- d. A Prevention Professional should not be associated directly or indirectly with any service, products, individuals, and organization in a way that is misleading.

IV. Nature of Services

Practices shall do no harm to service recipients. Services provided by Prevention Professionals shall be respectful and non-exploitive.

- a. Services should be provided in a way that preserves the protective factors inherent in each culture and individuals.
- b. Prevention Professionals should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation, and evaluation of prevention services.
- c. Where there is suspicion of abuse of children or vulnerable adults, the Prevention Professional shall report the evidence to the appropriate agency and follow-up to ensure that appropriate action has been taken.

V. Confidentiality

Confidential information acquired during service delivery shall be safeguarded from disclosure, including---but not limited to---verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Prevention Professionals are responsible for knowing the confidentiality regulations relevant to their prevention specialty.

VI. Ethical Obligations for Community and Society

According to their consciences, Prevention Professionals should be proactive on public policy, and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of Prevention Professionals to educate the general public and policy makers. Prevention Professionals should adopt a personal and professional stance that promotes health.

I have read and understand the Prevention Think Tank Code of Ethical Conduct. I will to the best of my ability adhere to and honor this Code in my professional and personal dealings.

Date

Signature

ATTACHMENT E

APPLICANT GUIDE

TO ACCOMPANY

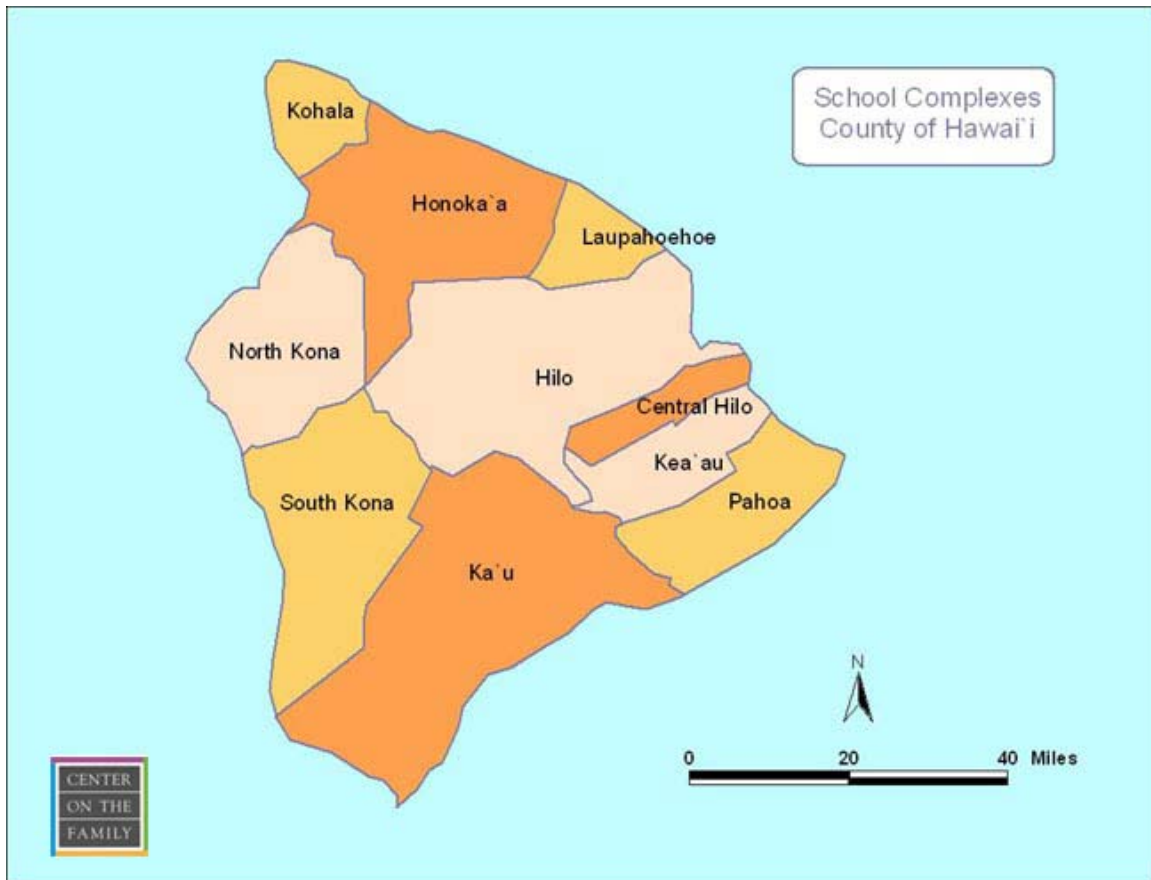
RFP NUMBER: HTH 440-10-01

**Substance Abuse Prevention
Services for Youth**

OCTOBER 2004

**COMMUNITIES RANKED BY HIGHEST RISK FACTORS AND
WITH LOWEST PROTECTIVE FACTORS**

COUNTY OF HAWAII



WEST HAWAII

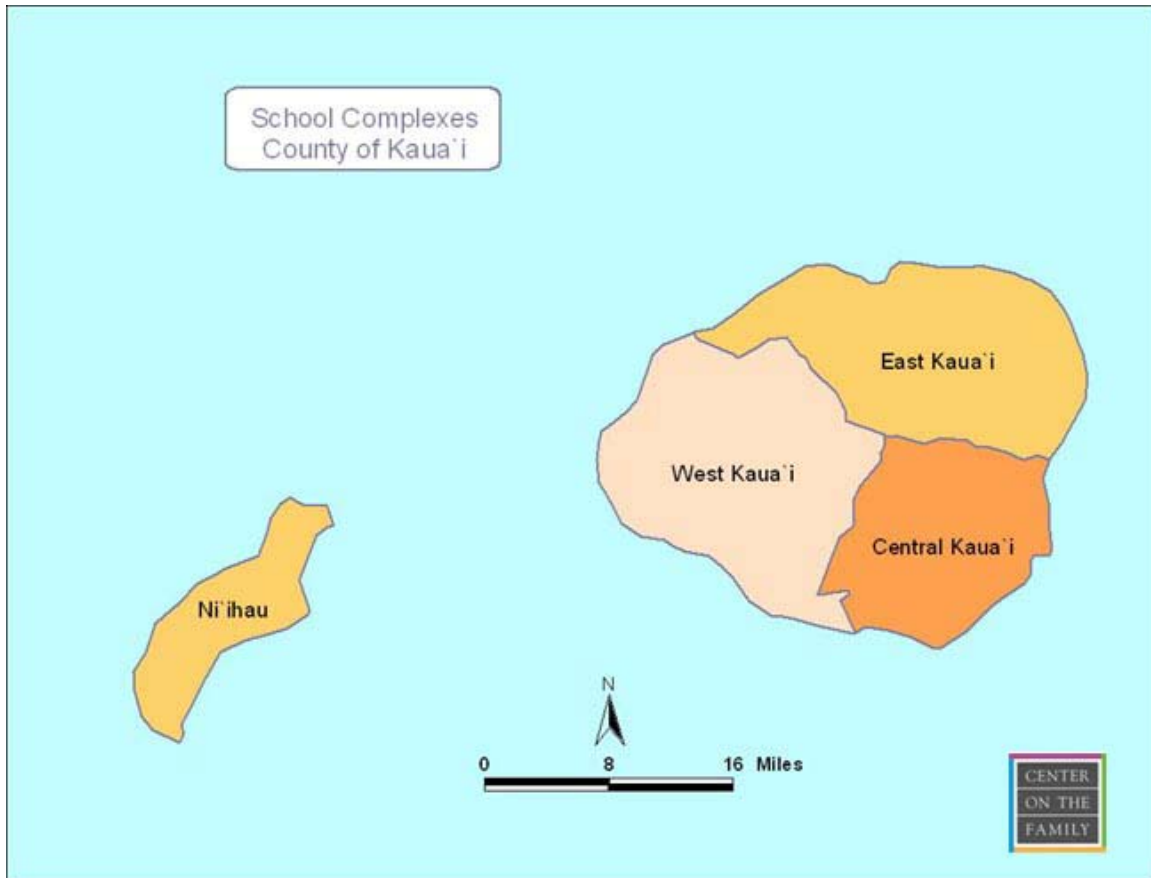
1. Koanwaena (South Kona)
2. Kealakehe (North Kona)
3. Kohala

EAST HAWAII

1. Waiakea (Central Hilo)
2. Pahoia
3. Kea'au
4. Honoka'a
5. Ka'u
6. Hilo

**COMMUNITIES RANKED BY HIGHEST RISK FACTORS AND
WITH LOWEST PROTECTIVE FACTORS**

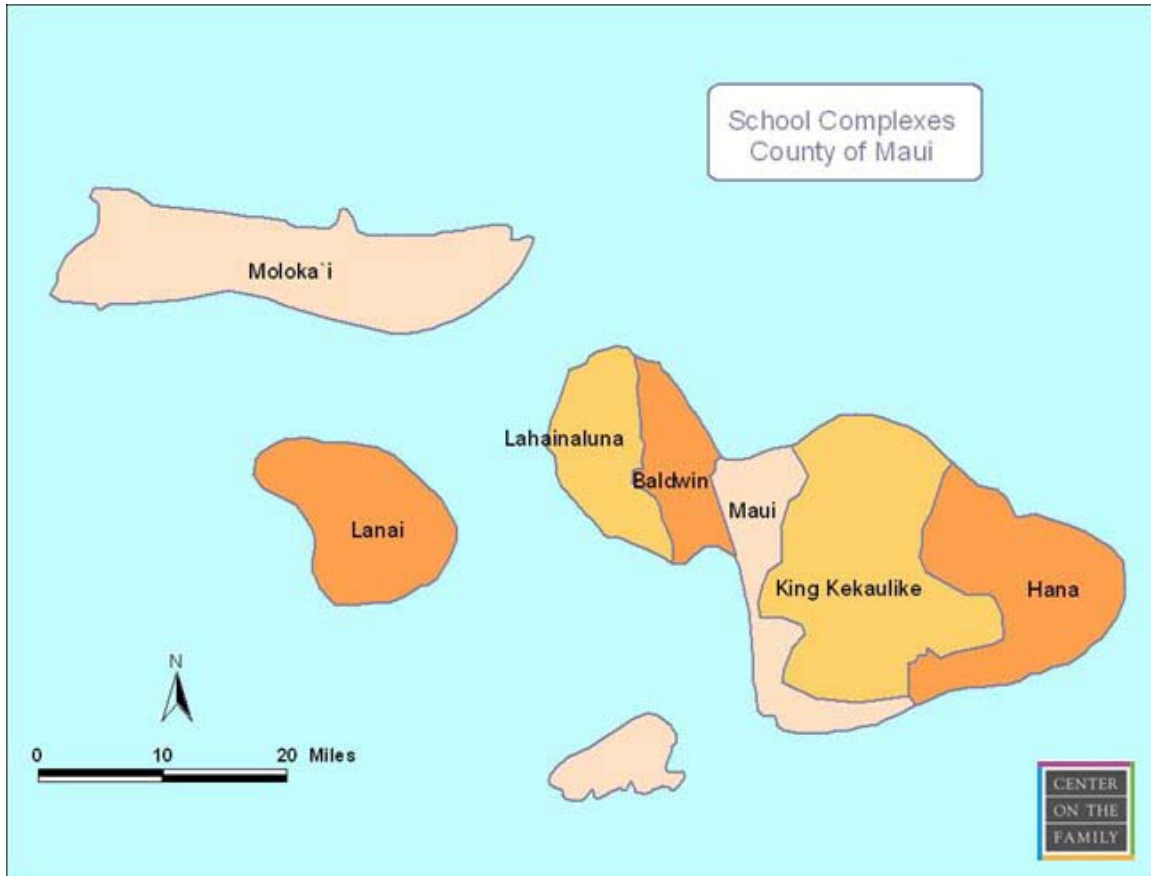
COUNTY OF KAUAI



1. Kapa'a (East Kauai)
2. Waimea (West Kauai)
3. Kaua'i (Central Kauai)

**COMMUNITIES RANKED BY HIGHEST RISK FACTORS AND
WITH LOWEST PROTECTIVE FACTORS**

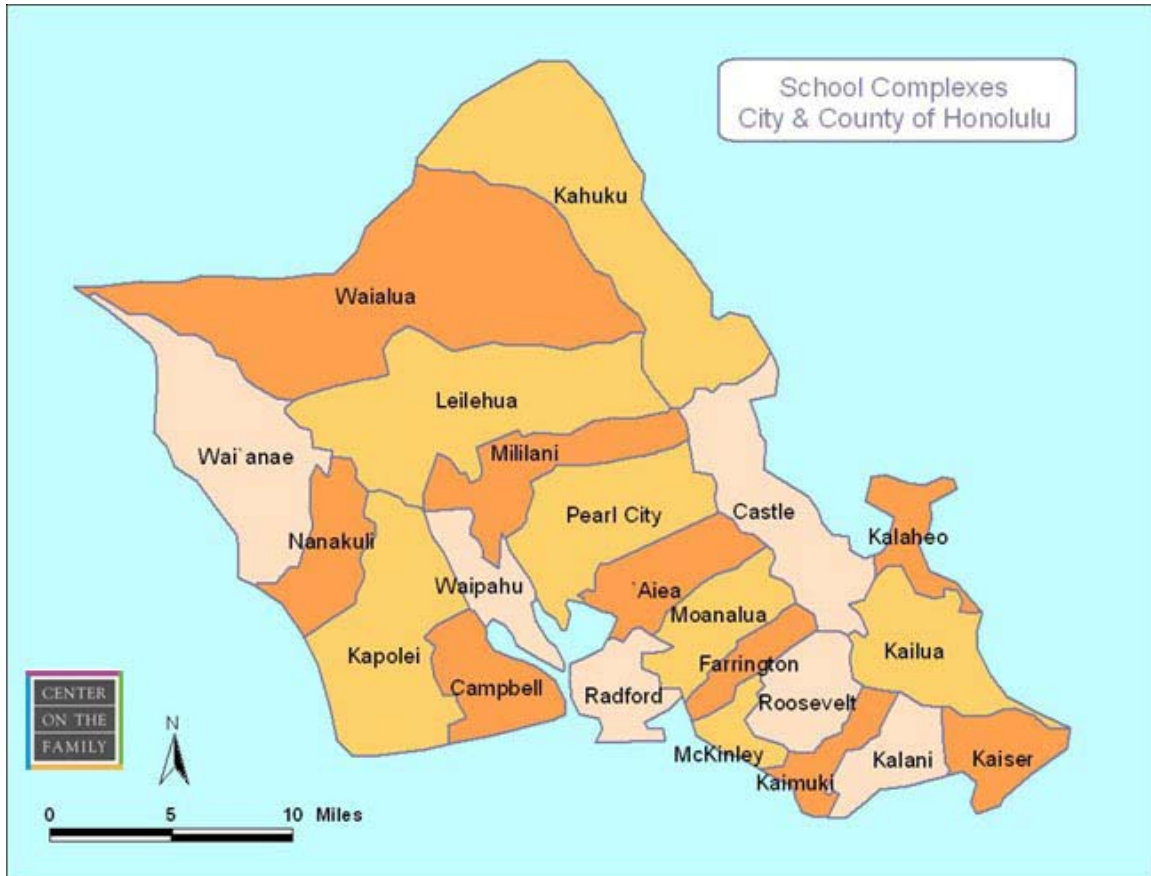
COUNTY OF MAUI



1. Hana
2. Lahainaluna
3. Maui High
4. Molokai
5. Lanai
6. King Kekaulike
7. Baldwin

**COMMUNITIES RANKED BY HIGHEST RISK FACTORS AND
WITH LOWEST PROTECTIVE FACTORS**

CITY AND COUNTY OF HONOLULU



- | | |
|---------------|--------------|
| 1. Leilehua | 11. Radford |
| 2. Campbell | 12. Mililani |
| 3. Kaiser | 13. Kaimuki |
| 4. Kalani | 14. Kalaheo |
| 5. Waialua | 15. Kahuku |
| 6. Farrington | 16. McKinley |
| 7. Pearl City | 17. Waipahu |
| 8. Roosevelt | 18. Moanalua |
| 9. Kailua | 19. Kapolei |
| 10. Nanakuli | 20. Aiea |

STATEWIDE RISK AND PROTECTIVE FACTORS

The *2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey* examined risk factors that are known to predict increased likelihood of substance abuse among individual students, their families, their schools, and their communities, as well as, corresponding protective factors which have been shown to moderate the impact of risk factors by improving coping, adaptation, and competence*. A summary of the findings follows.

- Within the **community domain**, the best risk predictors were exposure to community ATOD use, laws and norms favorable to ATOD use, perceived availability of drugs and handguns, and ability to purchase alcohol and tobacco. Other significant predictors were low neighborhood attachment, community disorganization, and transition and mobility.
- Within the **family domain**, the best risk factor predictors were lack of parental sanctions for anti-social behaviors, parental attitudes favorable toward ATOD use, exposure to family ATOD use, parental attitudes favorable toward anti-social behavior, and family history of anti-social behavior. Each of these family risk factors alone accounted for as much as 13% of the variance. Poor family supervision and family conflict were each significant predictors, but accounted for slightly less variance.
- Within the **school domain**, low school commitment accounted for more variance in the number of drugs used in a student's lifetime than did poor academic performance.
- Within the **peer-individual domain** the early initiation of problem behaviors was the strongest predictor of substance use and anti-social occurrence. A low perceived risk of alcohol, tobacco, and other drugs and depression were less useful as predictors.
- **Protective factors** in each of the four domains typically correlated less with substance use than the risk factors. Low correlations for protective factors, however, are expected because these variables are presumed to "buffer" the effects of risk factors on substance use and problem behaviors, rather than have direct effects on substance use and problem behaviors. The two best protective factor predictors were peer disapproval of ATOD use and belief in the moral order.

*For a listing of risk factors and protective factors for individuals, families, schools, and communities please refer to the following pages in the Applicant Guide.

Risk Factor Definitions

Community Domain Risk Factors

Low Neighborhood Attachment	Defined as a lack of connection to the community. Low levels of bonding to the neighborhood are related to higher levels of juvenile crime and drug selling.
Community Disorganization	Defined as the prevalence of crime, violence, and delinquency in the neighborhood. Research has shown that neighborhoods with high population density, lack of public surveillance, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
Transition & Mobility	Defined as amount of movement from one community or school to another. Neighborhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug selling, while children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use.
Exposure to Community Alcohol, Tobacco, and Other Drug (ATOD) Use	Defined as frequent exposure to alcohol, tobacco, and other drug (ATOD) use by people in one's neighborhood or school. Frequent exposure to ATOD use influences normative beliefs and understanding of how to engage in the behavior and, thus, increases likelihood of ATOD use.
Laws & Norms Favorable to Drug Use	Defined as the attitudes and policies a community holds about drug use and crime. Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increasing taxation, have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
Perceived Availability of Drugs & Handguns	Defined as the perceived ease in obtaining drugs and firearms for adolescents. The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. Availability of handguns is also related to a higher risk of crime by adolescents.
Ability to Purchase Alcohol or Tobacco	Defined as whether or not a student has been able to purchase alcohol and/or tobacco from a store employee, a bar, or a restaurant. Corresponding with perceived availability, opportunities to purchase alcohol and tobacco have been related to use of these substances by adolescents.

Risk Factor Definitions

Family Domain Risk Factors

Poor Family Supervision	Defined as a lack of clear expectations for behavior and a failure of parents to monitor their children. Parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that their children will engage in drug use, whether or not there are family drug problems.
Family Conflict	Defined as the degree to which family members fight or argue. Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
Lack of Parental Sanctions for Antisocial Behaviors (ASBs)	Defined as a low probability that parents will sanction their children for substance use, skipping school, and handgun use. Parents' failure to clearly communicate to their children that their children would be in trouble if caught using substances or engaging in antisocial behaviors places children at higher risk for substance use.
Parental Attitudes Favorable Toward ATOD Use	Defined as parental attitudes approving of young people's ATOD use. In families where parents are tolerant of children's use, children are more likely to become drug abusers during adolescence.
Exposure to Family ATOD Use	Defined as a high degree of exposure to parents' ATOD use. In families where parents use illegal drugs or are heavy users of alcohol, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own substance-using behavior – for example, asking the child to light the parent's cigarette or to get the parent a beer from the refrigerator.
Parental Attitudes Favorable Toward ASB	Defined as parental attitudes excusing children for breaking laws. In families where parents are tolerant of antisocial behavior, children are more likely to engage in antisocial behavior.
Family (Sibling) History of ASB	Defined as high ASB prevalence among brothers and sisters. When children are raised in a family with a history of problem behaviors, the children are more likely to engage in these behaviors.

School Domain Risk Factors

Low School Commitment	Defined as the student's inability to see the role of a student as a viable one. Factors such as disliking school and perceiving the course work as irrelevant are positively related to drug use.
Poor Academic Performance	Defined as poor performance in school. Beginning in the late elementary grades (grades 4-6), academic failure increases the risk of drug abuse and delinquency.

Risk Factor Definitions

Peer-Individual Domain Risk Factors

Early Initiation of Problem Behaviors	Defined as early substance use and early onset of problem behaviors. The earlier the onset of any drug use, the greater the involvement in other drug use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse; later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
Favorable Attitudes Toward ATOD Use	Defined as perceptions that it is not wrong for young people to engage in ATOD use. Initiation of use of any substance is preceded by values favorable to its use. During the elementary school years, most children express anti-drug, anti-crime, and prosocial attitudes and have difficulty imagining why people use drugs. However, in middle school, as more youths are exposed to others who use drugs, their attitudes often shift toward greater acceptance of these behaviors. Youths who express positive attitudes toward drug use are at higher risk for subsequent drug use.
Low Perceived ATOD Use Risk	Defined as perceived harmfulness associated with ATOD use. Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
Antisocial Behaviors (ASBs)	Defined as engaging in problem behaviors such as violence and delinquency.
Favorable Attitudes Toward ASB	Defined as a student's acceptance of drug use, criminal activity, violent behavior, or ignorance of rules. Young people who accept or condone antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
Friends' ATOD Use	Defined as having several close friends who engage in ATOD use. Peer drug use has consistently been found to be among the strongest predictors of substance use among youths – even when young people come from well-managed families and do not experience other risk factors.
Interaction with Antisocial Peers	Defined as having several close friends who engage in problem behaviors. Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
Rewards for Antisocial Involvement	Defined as having friends who approve of ATOD use and who are ignorant of laws and rules. Young people who receive rewards for their ASB are at higher risk for engaging further in ASB and ATOD use.
Rebelliousness	Defined as not being bound by rules and taking an active rebellious stance toward society. Young people who do not feel like part of society, are not bound by rules, do not believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs.
Sensation Seeking	Defined as having a high need for sensation or arousal experiences. Young people with a high need for arousal have increased risk for participating in ATOD use and other problem behaviors.
Gang Involvement	Defined as the degree of involvement in gangs or with gang members. Gang involvement often increases youth exposure to ATOD use and ASB, which puts them at greater risk for engaging in similar behaviors.
Depression	Defined as signs of depression or lack of self-worth. Lack of self-worth is often associated with ATOD use.

Protective Factor Definitions

Community Domain

Protective Factors

Community Opportunities for Positive Involvement	Defined as opportunities to engage in prosocial activities in the community, such as sports or adult-supervised clubs. When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
Community Opportunities for Positive Involvement	Defined as community encouragement for adolescents engaging in positive activities. Rewards for positive participation in activities help children bond to the community, thus lowering their risk for substance use.

Family Domain

Protective Factors

Family Attachment	Defined as feeling connected to and loved by one's family. Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
Family Opportunities for Positive Involvement	Defined as opportunities for positive social interaction with parents. Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
Family Rewards for Positive Involvement	Defined as positive experiences with parental figures. When family members praise, encourage, and attend to their children's accomplishment, children are less likely to engage in substance use and ASB.

School Domain

Protective Factors

School Opportunities for Positive Involvement	Defined as opportunities to become involved in school activities. When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use or problem behaviors.
School Rewards for Positive Involvement	Defined as positive feedback by school personnel for student achievement. When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.

Peer-Individual Domain

Protective Factors

Peer Disapproval of ATOD Use	Defined as student perceptions that his or her close friends would disapprove of him or her using substances. Peer pressure is a strong factor influencing adolescent behavior, and peer pressure not to use alcohol, tobacco, and other drugs is a very powerful deterrent.
Religiosity	Defined as perceiving oneself to be religious and enjoying religious activities. Young people who regularly attend religious services are less likely to engage in problem behaviors.
Belief in the Moral Order	Defined as beliefs that one is bound by societal rules. Young people who have a belief in what is "right" and "wrong" are less likely to use drugs.
Educational Aspirations	Defined as aspirations for continuing on to and graduating from college. National surveys of high school seniors have shown that ATOD use is significantly lower among students who expect to attend and graduate from college than among those who do not.

Prevention Strategies (SAMHSA/CSAP)

Information Dissemination

This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

EXAMPLES OF INFORMATION DISSEMINATION: Clearinghouse/information resource centers, health fairs, health promotion, materials development, materials dissemination, media campaigns, speaking engagements, and telephone information services.

Education

This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator, facilitator, and the participants is the basis of its activities. Activities under this strategy aim to improve critical life and social skills, including decision making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

EXAMPLES OF EDUCATION: Children of substance abusers groups, classroom educational services, educational services for youth groups, parenting/family management services, peer leader/helper programs, and small group sessions.

Alternative Activities

This strategy provides for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol and drugs and would, therefore, minimize or remove the need to use these substances.

EXAMPLES OF ALTERNATIVE ACTIVITIES: Alcohol-, tobacco-, or other drug-free social/recreational events, community drop-in centers, community drop-in center activities, community services, and youth/adult leadership functions.

Problem Identification and referral

This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through

education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

EXAMPLES OF PROBLEM IDENTIFICATION AND REFERRAL: Employee assistance programs, student assistance programs, and DUI, DWI, and MIP programs.

Community-based Process

This strategy aims to enhance the ability of the community to effectively provide substance abuse prevention services. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

EXAMPLES OF COMMUNITY-BASED PROCESS: Accessing services and funding, assessing community needs, community/volunteer services, community teams, community team activities, training services, and technical assistance.

Environmental

This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two sub-categories to permit distinction between (1) activities that center on legal and regulatory initiatives and (2) those that relate to the service and action-oriented initiatives.

EXAMPLES OF ENVIRONMENTAL: Environmental consultation to communities; preventing underage sale of tobacco and tobacco products (Synar Amendment); preventing underage alcoholic beverage sales, establishing ATOD-free policies; changing environmental codes, ordinances, regulations, and legislation; and public policy efforts.

These definitions are taken from the *Federal Register*, Volume 58, Number 60, March 31, 1993.

Guidelines and Benchmarks for Prevention Programming: Implementation Guide, Substance Abuse and Mental Health Service Administration, Center for Substance Abuse Prevention, Department of Health and Human Services.

SOME IMPORTANT PREVENTION CONCEPTS

APPLICANTS should be aware of several important prevention concepts that are central to this Request for Proposals (RFP).


PREVENTION DOMAINS are the areas of influence in a person's life in which a risk factor or a prevention opportunity may occur. This RFP is concerned with risk factors and prevention activities in four domains: 1) the individual youth and his/her peers, 2) the family, 3) the school, and 4) the community.

Prevention strategies and services funded by this RFP may impact individual youth, their family, their school, or their community. ADAD seeks to fund prevention services in those prevention domains that address risk factors or protective factors that have been identified by the community through its needs assessment and planning process.

COMMUNITY PREVENTION PARTNERSHIPS are individuals and organizations that have agreed to work together to plan and implement community prevention. Non-profit service providers, faith-based organizations, civic organizations, public and private schools, county government agencies, parents, youth, businesses, and other community resources all have unique insights and capabilities that can be used to help keep youth alcohol and drug free. It is anticipated that activities will be operated by a broad range of community members as appropriate to local needs and as determined through local planning. The types of relationships within such a partnership are described in the Applicant Guide, Roles in a Community Partnership.

APPLICANTS should bear in mind that community partnerships are not merely an alliance of service providers. APPLICANTS shall identify in their proposal the resources each partner brings to the partnership. The proposal shall include letters of intent from each partner specifying commitment to the planning process and program implementation, as well as listing unique perspectives and activities that the partner will contribute to the goal of reducing youth substance use in the community.


COMMUNITY-BASED PLANNING: APPLICANTS shall describe in their proposal the extent of substance abuse among their youth, specific risk and protective factors identified in their community, and existing services and service gaps. The APPLICANT'S proposal shall use existing data to support its need for funding through this RFP and to demonstrate its readiness to participate in developing and implementing a community-based plan.

 APPLICANTS may download community-specific reports that will provide a starting point for describing the local community and its needs:

- *Community Profile* from www.uhfamily.hawaii.edu
- Substance Abuse Incidence and Prevalence findings from the 2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey at <http://www.hawaii.gov/health/substance-abuse/prevention->

treatment/survey/report2002/2002executivesummary.pdf.


RISK AND PROTECTIVE FACTORS are those characteristics of people, families, schools, or a community's environment that affect the likelihood of alcohol, tobacco, marijuana, and other drug use. Risk factors do not cause substance abuse, but research has shown that these factors increase the likelihood that young people will use alcohol, tobacco, or other drugs. Protective factors are those psychological, behavioral, family, and social characteristics that can insulate children and youth from the effects of risk factors that are present in their environment. Unique to the risk/protective factor approach is the belief that no single predictor can account for large proportions of variance in substance use. Rather, adolescents' vulnerability to the use and abuse of various substances is a function of the accumulation of multiple risk factors (Newcomb, 1995)

 APPLICANTS may download a community-specific report of risk and protective factor findings from the *2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey* at www.hawaii.gov/health/substance-abuse/prevention-treatment/survey/report2002/substance-abuse/study/community_2003/index.html.

EVIDENCE-BASED PRACTICES are prevention approaches that have been shown to work by sound scientific evaluation. There has been extensive research in recent years about what works and what does not work in substance abuse prevention. Evidence-based practices are strategies, prevention actions, and products that have been evaluated and have been shown to have an effect on actual substance use, norms related to use, or specific risk factors that have been linked to substance use. Evidence-based practices are sometimes referred to as "promising," "effective" or "model" programs.

✂ For information on the levels of scientific rigor used to assess prevention programs funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), go to www.modelprograms.samhsa.gov.

ADAD is requiring Community Partnerships, through the planning process, to select evidence-based prevention programs which are described as "Model Programs."

 An alphabetical listing of model programs is available at the Western Center for the Application of Prevention Technology (WestCAPT) website <http://casat.unr.edu/westcapt/bestpractices/alpha-list.php>.

✂ A tool for matching evidence-based practices with identified needs is available on the WestCAPT site at <http://casat.unr.edu/westcapt/bestpractices/search.php>.

PROGRAM OUTCOMES are specific statements of the positive changes that are expected from each prevention program. APPLICANTS for funding must define specific and measurable outcomes describing how the youth, families, or communities served by the proposed program will be changed for the better as a result of direct participation in the program or the program's impact.

CULTURE AND GENDER SENSITIVITY: This RFP provides an opportunity for communities to address the diverse needs of youth by developing culturally appropriate prevention strategies. Girls and boys face different risks and may require different approaches and strategies. This RFP provides an opportunity for local communities to develop gender specific strategies specific to the needs of local youth.



Tools to Assist You in Planning

Identifying the “Community”

✂ For planning purposes, Hawaii has been divided into forty-two (42) local communities as defined by the enrollment areas of high school complexes (the local high school and its elementary and middle feeder schools). Maps and prioritized lists of these communities in each county are given in the Applicant Guide, Local Planning Communities.

Measuring Community Readiness

✂ SAMHSA’s Center for Substance Abuse Prevention’s (CSAP) **Prevention Readiness Tool**, provided on SAMHSA’s **Prevention Platform** website, is designed to assist community groups in assessing their community’s readiness to plan and implement a successful prevention program. The Prevention Readiness Tool asks the community to answer questions related to five dimensions of readiness corresponding to the steps of **SAMHSA’s Strategic Prevention Framework**:

- Assessment - determining your prevention needs
- Capacity - improving your capabilities
- Planning - developing a strategic plan
- Implementation - putting your plan into action
- Evaluation - documenting the outcomes of your work.

The Prevention Platform may be accessed by going to www.samhsa.gov and clicking on “Strategic Prevention Framework” and then “Prevention Platform.” At no cost, APPLICANTS may become registered users of the Substance Abuse and Mental Health Administration’s (SAMHSA) **Prevention Platform** and use its tools to measure readiness and to develop strategic community substance abuse prevention plans. Registration is optional and APPLICANTS can always use the site as an informational resource without registering or logging in. Registration is required, however, to benefit from the interactive features and to enjoy the benefit of saving your work and producing customized reports from it. After the community has answered a set of questions for each of the steps, a **Readiness Roadmap** offers feedback based on answers given and recommends next steps.

Planning

✂ CSAP’s Western Center for the Application of Prevention Technology’s (WestCAPT) website: <http://casat.unr.edu/bestpractices>, offers additional guidance in completing the steps of SAMHSA’s Strategic Prevention Framework.

✕ Communities may want to use a best practice planning system known as *Communities That Care*.[®] A description of *Communities That Care*[®] may be found in the Applicant Guide, Part ____.


Selecting Evidence-Based Programs:

✕ An inventory of evidence-based prevention programs, including those already piloted in Hawaii and adapted to the traditions, and values of local communities is given in the Applicant Guide, ____.


✕ Brief description of programs that have met the scientific rigor imposed by the Center for Substance Abuse Prevention (CSAP) is available online at www.open.org/~westcapt/bestprac.htm (click on “Alphabetical Listing of Best and Promising Programs.”)

Sources of Data to Assist You in Planning

Statewide youth substance abuse data:

 Details of the findings from the 2002 *Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey* are available online at www.hawaii.gov/health. For the *Executive Summary*, mouse down to “Substance Abuse” and click on “Alcohol, Tobacco and Drug Use Survey,” on the pop-out menu, then click on the second bullet. For *Community Reports* mouse down to “Substance Abuse,” click on “Prevention and Treatment” on the pop-out menu, then click on “Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey.”

Community-specific youth substance abuse data:

 *Community Profiles* for each of the 42 high school complex communities are available online at www.uhfamily.hawaii.edu. Click on “Community Profiles.” A comprehensive collection of data and information on Hawaii’s children and families is also available on the same website by clicking the link to the “Data Center.” ✕ The “Data Center” site offers interactive searches allowing communities to produce customized reports.

ROLES IN PARTNERSHIPS

Although there are many levels of partnering, ADAD asks the APPLICANT to indicate in Step Five of the Logic Model which of the following roles will be assumed by each Partner, as well as briefly describing the actual responsibility or service to be carried out by each Partner.

Collaboration. Collaboration occurs when two or more individuals or organizations actively work together to jointly achieve a common outcome. An example might be two persons co-authoring a book. Another example might be two youth-serving organizations which pool their resources (staff, time, money, equipment, etc.) to conduct one program benefiting youth in their community.

Cooperation. Cooperation occurs when two or more individuals or independently-operated organizations who engage in supplying resources for their mutual benefit. An example might be an automobile manufacturer who sponsors a prime time TV show which uses vehicles made by the manufacturer. The TV show producers gain a sponsor for their prime time show and vehicles to be driven by the show's leading characters. The automobile manufacturer gains prime time exposure to his vehicles and hopes to benefit by viewers having an increased desire to purchase the type of vehicles featured in the show. The TV show producers need to know nothing about manufacturing vehicles, and the automaker needs to know nothing about TV production but both benefit from the resources of the other. Another example might be a local business which conducts free craft classes after school to youth from a neighboring youth center.

Coordination. Coordination involves a harmonious relationship of services that go well together. An example might be taking advantage of activities in the community to round out the experiences of a young person. A youth receiving substance abuse education in the school might also be enrolled in an after-school recreation program operated by the local YMCA and a hula class operated by a local dance studio.

Consultation. A consultant offers services which benefit individuals or organizations without actually being involved in the hands-on, day-to-day operations. An example might be the proofreader for a magazine. Although the proofreader provides a valuable service to the editor and writers, s/he is not involved in carrying out the magazine's editorial policies or determining the content of articles. Another example might be someone providing input into the planning process, analyzing evaluation data or offering technical assistance.

WRITING INTENDED OUTCOME STATEMENTS

There are three levels of outcomes:

- **Immediate outcomes** -- changes in the targeted populations as they participate in programs and activities.
- **Intermediate outcomes** -- changes in the indicators of risk and protective factors.
- **Long-range outcomes** -- changes in the incidence and prevalence of alcohol, tobacco, marijuana, and other drug use, misuse, and abuse in the targeted populations.

The following are examples of the format for writing outcomes:

Of the _____ (*State the targeted population*), ____% of participant in prevention services will _____ *Describe the change in participant's condition*) as measured by _____ (*state the method of measurement.*)

Immediate Outcome:

EXAMPLE: Of students in Grades 7 and 8 at Pono Middle School completing the *Project Alert* Program, 70% will demonstrate increased knowledge of the harmful effects of marijuana use as demonstrated by a standardized pre/post test developed by *Project Alert*.

Intermediate Outcome:

EXAMPLE: Adolescents in Grades 8 and 10 in Opio Valley will demonstrate increased perception of the harmful effects of drug and alcohol use as measured by comparison survey responses on the 2005 and 2007 Hawaii Student Use Surveys.

Long Range Outcome:

EXAMPLE: High School seniors in Opio Valley will decrease regular (past 30 day) use of alcohol as measured by a comparison of survey responses on the 2007 and 2009 Hawaii Student Use Surveys.